

EDITOR'S PAGE

Affordable Care: Why Not Also Affable?

As I write this, we are once again hanging on the edge of a fiscal cliff of our own making. We have a divided government, but is the country really as divided as the government? I don't think so. If fights break out, they are more likely the result of arguments over the baseball playoffs than deeply held beliefs about how much government should have to do with the laws governing health care financing. There is no discussion about the fact that the government has a major role in creating structure for health care financing. It is a rare citizen who wants to dismantle Medicare or Medicaid, and the vast majority always say that they are in favor of universal health care for our citizens. Why then is it almost impossible for our elected officials to govern? Do we always need an external threat to enable us to work together? (Think of the Soviet Union during the Cold War, or an oncoming asteroid.)

Two potential reasons for our political division come to mind. One that is frequently discussed is the redistricting (gerrymandering) of congressional districts every time one party or the other gains control of a state legislature. Creating solid, one-party districts means that candidates for Congress have no need to run on issues that will appeal to a broad segment of constituents but must concentrate on positions that tend toward the extreme. We should not be surprised that congressional districts populated with only one set of opinions get congresspersons expressing those opinions. My son suggested another polarizing influence: our modern communication system. As television news has created outlets for the "true believers" of both poles of the political spectrum, it is not necessary for people to ever listen to any other opinions. Print news, which often publishes opposing views, is a vanishing medium. Yes, we do feed our own biases.

How much physicians can do to avert these political and fiscal crises I don't know, but I do know that we will be subject to the consequences. Despite political differences we in medicine have, we are all pledged to support the health and care of our patients. Much has been said about the independent frontier spirit of doctors, but I find that most of my colleagues have learned to become reasonable team players. Doctors are smart, and when the rules of the game are spelled out, we find ways to make them work even though we do not always agree with them. At present, there is a sea change in health care financing. Consolidation of practices and health care systems, as well as changes in methods of payment, has come into focus with the passage of the Patient Protection and Affordable Care Act. As physicians and hospitals make plans to accommodate to this law, there are others who imagine that we don't have to comply with the law. Even with the many compromises that were required to pass this law, one thing that remains is a dramatic broadening of insurance coverage to those previously uninsured. This insurance is not free for most, but it is a right for Americans to take advantage of. Having insurance is good for patients' health. Avoiding preventive measures, or ignoring symptoms because of financial inability to access care, is not good for patients' health. All physicians I know prefer that their patients appropriately access the health care system at a point when it can be most helpful, not just in the emergency department with a stroke or myocardial infarction that could have been avoided. The law, expanding access to insurance coverage, has passed; how will it be implemented? Some disagree with various aspects of the law, as do I, but until modified, it is the law. Patients have the right to use it. It is dismaying to hear some officials say that they will do nothing to enable patients to take advantage of it. I recently heard the governor of Kentucky buck this trend by saying that he was going to do all that is necessary to ensure that his citizens will have these benefits they desperately need.

Whereas there are those that are shirking their responsibility to help their citizens understand how to take best advantage of the current law, what is the responsibility of hospitals and medical professionals to help patients make informed decisions? There was strong resistance from the medical community when the Medicare law was passed in the 1960s, but for almost 50 years, we have learned how to relate to this major component of our health care financing structure. We will



Spencer B. King III,
MD, MACC

Editor-in-Chief,
*JACC: Cardiovascular
Interventions*

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find ways to make changes to health care financing work, and we will hopefully influence constructive changes that will benefit the delivery of care and our patients. In the meantime, it is our responsibility to learn something about the choices our patients have and to help assist them in making those choices. For our colleagues in Europe and elsewhere, this may sound strange, but we have a complicated system that is in evolution, and it is hard to hit a moving target.

But we should give it our best shot, as well as influence our elected officials to do the same.

Address correspondence to:

Spencer B. King III, MD
Saint Joseph's Heart and Vascular Institute
5665 Peachtree Dunwoody Road NE
Atlanta, Georgia 30342
spencer.king@emoryhealthcare.org